

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smy		3/14/00
O.I.P.E. CLASSIFIER	11		3/14/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			4/26/00

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S) 39/515625

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	19	↓	↓	↓		
TOTAL CLAIMS	20					

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TOTAL DEP.		↓	↓	↓	
TOTAL CLAIMS					